



Above Ceiling Inspection Form

Name of Building: _____

Floor: _____ Room/Area: _____ Location: _____

Inspected By: _____ Affiliation: _____

Inspection Activity:	Yes	No	N/A	Comments
1. Are fire-rated and smoke-rated barriers free from unsealed penetrations? <i>101-2012, 8.3.5.1</i>				
2. Are fire-rated barriers free from gypsum-board surface-mounted patches? <i>101-2012, 8.3.1.2</i>				
3. Are fire-rated barriers free from embedded pipe, duct, or electrical junction boxes? <i>101-2012, 8.3.5.6.3</i>				
4. Are fire-stop materials in place, properly installed and in good condition? <i>101-2012, 8.3.5.1</i>				
5. Is structural steel free from missing sprayed-on fire-proofing? <i>101-2012, 19.1.6.1</i>				
6. Are suspended ceiling tiles free from gaps, cracks, or holes? <i>13-2010, 8.1.1(3)</i>				
7. Are suspended ceiling tiles in place? <i>13-2010, 8.1.1(3)</i>				
8. Is the space free from combustible materials used for support in Type I & Type II buildings? <i>220-2012, 4.3.1</i>				
9. Is the space free from evidence of water damage, such as mold, mildew, or water stains?				
10. Is sprinkler piping & hangers free from supporting wires, cables, chains, duct, etc.? <i>25-2011, 5.2.2.2</i>				
11. Is sprinkler piping supported directly from the building? <i>13-2010, 9.2.1.3</i>				
12. Is medical gas piping marked with identification labels every 20-feet, and in every room? <i>99-2012, 5.1.11.1.2</i>				
13. Are fire-rated barriers free from plastic pipe penetrations, unless the fire-stop system is designed for that purpose? <i>101-2012, 8.3.5.5.1</i>				
14. Are wires, cables and cords prevented from laying on top of the ceiling?				
15. Are electrical junction boxes mounted securely to a structure, and have covers installed? <i>70-2011, 314.28</i>				
16. Is electrical wiring that is 120-volts and above properly protected and terminated in raceways or junction boxes? <i>70-2011, 517.80</i>				
17. Are electrical wires entering junction boxes protected from abrasion? <i>70-2011, 314.17</i>				
18. Is electrical conduit free from supporting wires, cables, or cords? <i>70-2011, 300.11</i>				
19. Has all abandoned fire alarm system cable been removed? <i>70-2011, 760.25</i>				

All "No" answers must be fully explained.

Numbers in italics are NFPA code/standard reference

Signature: _____ Date: _____ Work Order #: _____



Fire Drill Report

Facility Name: _____

Address: _____

Date: _____ Time: _____ Shift: _____
(24 Hour Clock)

Person conducting the drill: _____
(Name & Title)

Fire Alarm Activation Method: _____
(Between 9:00 p.m. and 6:00 a.m.: A coded announcement can be used instead of audible alarms)

Drill location and simulated conditions: _____

(Bedridden patients shall not be required to be moved during drill *MSFC 408.6.1*)

Unusual Conditions: _____
(weather , remodeling, temporary exits)

Number of occupants evacuated: _____ Total Time of Drill: _____

Fire alarm system reset?: _____ Sprinkler System restored?: _____

Critique: _____

Fire alarm system tested: _____ Verified by: _____

Monitoring company received signal at: _____ Verified by: _____
(24 hour clock)



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(24 Hour Clock)

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(Name & Title)

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(weather , remodeling, temporary exits)

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Fire alarm system reset?: _____ Sprinkler System restored?: _____

Critique: _____

Fire alarm system tested: _____ Verified by: _____

Monitoring company received signal at: _____ Verified by: _____
(24 hour clock)

Minnesota Department of Health
 Compliance Monitoring Division
 85 East Seventh Place, Suite 220
 P.O. Box 64900
 St. Paul, MN 55164-0900
 651-201-5000

Department of Public Safety
 Fire Marshal Division
 444 Cedar St., Suite 100M Town Square
 St. Paul, MN 55101-2156
 651-201-7200

Fire Drill Report for ICF-MR Facilities

► See Separate Sheet for Instructions

1. Facility Name		2. Facility Address			
3. Condition (Circle One) Drill Actual Fire*	4. Date of Drill	5. Day of Week (Circle One) S M T W Th F Sa		6. Time of Drill _____ <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m.	
7. Designate Shift <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		8. Location of Fire			
9. Yes No					
<input type="checkbox"/> <input type="checkbox"/> A. Was a pull station used? If yes, which one? _____					
<input type="checkbox"/> <input type="checkbox"/> B. Was the audible alarm sounding/visual alarm flashing?					
<input type="checkbox"/> <input type="checkbox"/> C. Was the alarm audible/visual in all required areas?					
<input type="checkbox"/> <input type="checkbox"/> D. Was the fire department called? If yes, what time? _____					
<input type="checkbox"/> <input type="checkbox"/> E. Was the building totally evacuated? If yes, how long did it take? _____ seconds					
10. Staff on Duty (Print) _____ _____ _____			11. Evaluation of Staff Performance		
12. Drill Evaluation (Identify client by initials and independently of each other.) 					

13. Fire Alarm System Test Results Date of Test _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (Explain)	14. Name of Person Conducting Test (Print)
	Title
	Signature

Instructions for Fire Drill Report
For ICF-MR Facilities
(HE-01442-01/PS-06113-01, 7/93)

- ▶ Please print.
 - ▶ Retain this form in your records for two years.
 - ▶ These instructions are numbered to match the boxes on the form.
1. Self explanatory.
 2. Self explanatory.
 3. Self explanatory.
 4. Self explanatory.
 5. Self explanatory.
 6. Enter the exact time of the drill.
 7. Indicate the shift during which the drill occurred. Drills must be conducted with only the number of staff assigned to the designed shift.
 8. Describe the specific location of the simulated or actual fire.
 9. Self explanatory.
 10. Print the name of all direct care staff on duty at the time of the drill. Clerical and maintenance staff, i.e., secretaries, bookkeepers, etc. need not be listed.
 11. Describe the satisfactory or unsatisfactory performance of facility direct care staff during the drill. Use additional sheets of paper as necessary.
 12. Describe any unique behavior by the resident(s) not covered in boxes 17-20. Use additional sheets of paper as necessary.
 13. Enter date of test and indicate system performance. Verify that all system sounding devices are operational by activating one of the system appliances, i.e., a pull station or smoke detector.
 14. Print the name and title of the person who conducted the fire alarm system test. This person's signature is required.
 15. Print the name of all residents who were present during the drill.
 16. Enter appropriate code for the time it took each resident to evacuate.
 17. Enter appropriate staff intervention code. (Use numbers only). Any intervention by staff from time that the alarm is sounded until the client arrives at the meeting location is recorded here.
 18. Enter appropriate staff intervention code. (Use numbers only). This skill is evaluated apart from any other skills. Does the client recognize a **blocked exit**; is the client then able to choose an alternate exit?
 19. Enter appropriate staff intervention code. (Use numbers only). This skill is evaluated only after the client arrives at the meeting location. If the client fails to arrive at this location, record that in box #17.
 20. Enter comments deemed appropriate by staff conducting the drill.
 21. Print the name and title of the person who conducted the drill. If this was an actual fire, indicate the name and title of the person completing the form. For either condition (drill or actual fire) this person's signature is required.
 22. Print name and title of person reviewing the completed form. This review is for completeness of the form. This review should be conducted within a reasonable time following the drill or actual fire. The person's signature is required.

NOTE: Fire drills must be conducted one time per shift per quarter.

Each client is required to be tested in all emergency skills at least four (4) times per year.

Fire Drill Report Form for ICR/MR Facilities

The Minnesota Departments of Health and Public Safety have developed a Fire Drill Report for ICF/MF Facilities. This form contains the information needed by both Departments in conducting the annual recertification survey. In addition, this same information is used in determining the current Evacuation Difficulty Index (E-score) for those facilities not classified Impractical. A copy of this form and instructions for completing it are attached. **The use of this form is voluntary.**

Impractical Facilities:

Impractical facilities are not assigned an E-score. Therefore, the information provided by the form would be used only for the recertification survey.

Prompt and Slow Facilities:

The information provided by the form would be used in determining the facility's current E-score and in the recertification survey.

If the facility chooses to use this form, please retain the attached copy as a master; the form may be copied as needed.

If you have any questions regarding the use of this form, please contact either (MDH) Mr. James P. Loveland, P.E., Program Manager, Engineering Services Section at (651) 201-3710 or (DPS) Mr. Patrick Sheehan, Supervisor, Deputy State Fire Marshal at (651) 201-7205.

Life Safety Documentation List

1. Current building floor plan

2. Emergency fire evacuation plan

Reviewed within last 2 years

- (1) Use of alarms
- (2) Transmission of alarms to fire department
- (3) Emergency phone call to fire department
- (4) Response to alarms
- (5) Isolation of fire
- (6) Evacuation of immediate area
- (7) Evacuation of smoke compartment
- (8) Preparation of floors and building for evacuation
- (9) Extinguishment of fire

3. Smoking regulations/policy

Reviewed within last 2 years

4. Fire drill records

Quarterly on each shift
Drills held at varying times/ If NH & Hosp
For example are connected drills must
Be held separately

5. Out-of-service policies

Fire Alarm out of Service 4 hours
Fire Sprinkler put of Service 10 hours
Correct contact information

6. Fire alarm system

Monthly D.A.C.T Tests Annual Inspection
Report/NFPA 72 Form/Equal
Semi-Annual Visual Inspection

7. Smoke detector sensitivity testing

Must show the sensitivity range, and the
actual tested sensitivity for each
smoke detector, and test date(s).

8. Resident room smoke detectors

Tested weekly/monthly per manufacturer
recommendations (If battery operated)

9. Fire sprinkler system

Quarterly test (in house/vendor)
Annual vendor test date
NFPA 25 form(s)
5 year Obstruction/Internal
Piping/gauge replacement
Water supply source
Fire Pump testing- weekly/annual

10. Range hood system inspection

Semi-annual inspection dates
System activates fire alarm system

11. Fire Extinguisher

Monthly in-house inspection date
Annual vendor service date
6 yr. maintenance date
12 yr. hydrostatic test date
Inventory log

12. Generator

Weekly visual
Monthly 30 minute load test
Documented 5 minute Cool down
Annual Load Bank if Diesel
Letter of Reliability if Natural Gas

13. Battery emergency light testing

Monthly 30 second test
Annual 90 minute test

14. Smoke Damper Testing

Every 4 Years Nursing Home
Every 6 Years Hospital

15. Flame spread documentation

Wall, ceiling & floor finishes Drapes,
cubicle curtains decorations

16. Upholstered furniture flammability

California Tech. Bulletin 133 or 117 NFPA
266, Upholstered Furniture Note:
Documentation for numbers 15 & 16
must be kept on file for the life of the items
or material. All other documentation shall
be kept at least two years, or longer when
4, 6, & 12 year intervals apply.

17. Door Inspections

13 point inspection documented on all
Fire doors-Annually

18. Med Gas Training

All personnel in contact with med gas will
have continuing education on handling and
storage of med gas

19. Risk Assessment Documentation

Per NFPA 99 Any changes to facility will
require an update
NFPA 99 Chapter 5, 6, 9, 10 &11

20. Space Heater Policy

If you allow them you MUST have a policy
That states NOT in patient care areas.

21. Lab Procedures/Incidents

22. Electrical Receptacle Testing

Completed Annually

09/29/2021

KJS

NFPA 72 - 10 National Fire Alarm & Signaling Code

Visual Inspection Frequencies Checklist - Semi Annual

Extracted from TABLE 14.3.1

N/A PASS FAIL COMMENTS

	N/A	PASS	FAIL	COMMENTS
1 Batteries (control panel)				
(b) Nickel-cadmium				
(d) Sealed Lead-acid				
2 Transient Suppressors				
3 Fire alarm control unit - trouble signals				
4 Fire emergency voice / alarm comm. equip.				
5 Remote annunciations				
6 Initiating devices - all devices connected to system				
(a) Air Sampler				
(b) Duct detectors				
(c) Electromechanical release dvices				
(d) Fire extinguishing system(s) / suppression system(s) switches				
(e) Manual fire alarm boxes				
(f) Heat detectors				
(h) Smoke detectors				
7 Combination system - all devices connected to system				
(a) Fire extinguisher electronic monitoring device / system				
(b) Carbon monoxide detectors /systems				
8 Interface equipment				
9 Alarm notification appliances - supervised				
10 Exit marking Audible - notification appliances				
11 Supervising station alarm systems - transmitters				
(a) DACT				
(b) DART				
(c) McCulloh				
(d) RAT				
12 Special procedures				
13 Supervising station alarm systems - recievers*				
14 Public emergency alarm reporting system transmission equip				
(a) Publicly accessible alarm box				
(c-1 Manual operation				
15 Mass notification system - non-supervised installed prior to adoption of this edition				
(a) Control equipment				
(1) Fuses				
(2) Interfaces				
(3) Lamps / LED's				
(4) Primary (Main) power supply				
(b) Secondary power batteries				
(1) Lead-acid				
(2) Nickel-cadmium				
(3) Primary (dry cell)				
(4) Sealed lead-acid				
(c) Initiating devices				
(d) Notification appliances				

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(b) Duct detectors				
(c) Electromechanical release dvices				
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10 Exit marking Audible - notification appliances				
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12 Special procedures				
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(2) Interfaces				
(3) Lamps / LED's				
(4) Primary (Main) power supply				
(b) Secondary power batteries				
(1) Lead-acid				
(2) Nickel-cadmium				
(3) Primary (dry cell)				
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(c) Initiating devices				
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3. Smoking regulations/policy

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NFPA 25 form(s)
5 year Obstruction/Internal
Piping/gauge replacement
Water supply source
Fire Pump testing- weekly/annual

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Semi-annual inspection dates
System activates fire alarm system

11. Fire Extinguisher

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Annual vendor service date
6 yr. maintenance date
12 yr. hydrostatic test date
Inventory log

12. Generator

Weekly visual
Monthly 30 minute load test
Documented 5 minute Cool down
Annual Load Bank if Diesel
Letter of Reliability if Natural Gas

13. Battery emergency light testing

Monthly 30 second test
Annual 90 minute test

14. Smoke Damper Testing

Every 4 Years Nursing Home
Every 6 Years Hospital

15. Flame spread documentation

Wall, ceiling & floor finishes Drapes,
cubicle curtains decorations

16. Upholstered furniture flammability-

California Tech. Bulletin 133 or 117 NFPA
266, Upholstered Furniture Note:
Documentation for numbers 15 & 16
must be kept on file for the life of the items
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be kept at least two years, or longer when
4, 6, & 12 year intervals apply.

17. Door Inspections

13 point inspection documented on all
Fire doors-Annually

18. Med Gas Training

All personnel in contact with med gas will
have continuing education on handling and
storage of med gas

19. Risk Assessment Documentation

Per NFPA 99 Any changes to facility will
require an update
NFPA 99 Chapter 5, 6, 9, 10 &11

20. Space Heater Policy

If you allow them you MUST have a policy
That states NOT in patient care areas.

21. Lab Procedures/Incidents

22. Electrical Receptacle Testing

Completed Annually

09/29/2021

KJS